

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 565208

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		(1)				
5		(1)				
6		(1)				
7		(1)				
8		(1)				
9		(1)				
10		(1)				
11		(1)				
12		(1)				
13		(1)				
14						
15		1				
16		2				
17		(1)				
18		(1)				
19		(1)				
20		(1)				
21		(1)				
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	24					
TOTAL CLAIMS	26					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						